

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED HUANG, JIA WEI			VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT/DEF. NUMBER 1:06-000023-002	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) U.S. v. HUANG		8. PAYMENT CATEGORY Petty Offense	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1325.P -- IMPROPER ENTRY BY ALIEN -- FIRST OFFENSE							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS  Civille, G. Patrick CIVILLE AND TANG, PLLC 330 HERNAN CORTEZ AVENUE SUITE 200 HAGATNA GU 96910  Telephone Number: (671) 472-8868			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney  Prior Attorney's Name: _____ Appointment Date: _____  <input checked="" type="checkbox"/> Because the above-named person represented has retained under oath or affirmation and otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice require the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)  <b>Leilani R. Toves Hernandez</b> 09/12/2006 Signature of Presiding Judicial Officer By Order of the Court <b>EX/XX/XXXX 08/03/2006 08/02/2006</b> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES <input checked="" type="checkbox"/> NO				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)			15. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney  Prior Attorney's Name: _____ Appointment Date: _____  <input checked="" type="checkbox"/> Because the above-named person represented has retained under oath or affirmation and otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice require the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)  <b>Leilani R. Toves Hernandez</b> 09/12/2006 Signature of Presiding Judicial Officer By Order of the Court <b>EX/XX/XXXX 08/03/2006 08/02/2006</b> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES <input checked="" type="checkbox"/> NO				
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea						
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (Specify on additional sheets)						
(Rate per hour = \$ 92.00 )		TOTALS:					
Out of Court	a. Interviews and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and Other work (Specify on additional sheets)						
(Rate per hour = \$ 92.00 )		TOTALS:					
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)						
18.	Other Expenses (other than expert, transcripts, etc.)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION			21. CASE DISPOSITION	
22. CLAIM STATUS		Final Payment	Interim Payment Number	Supplemental Payment YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, were you paid?		YES <input type="checkbox"/> NO	
Have you previously applied to the court for compensation and/or reimbursement for this case? Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, give details on additional sheets.						I swear or affirm the truth or correctness of the above statements.	
Signature of Attorney: _____						Date: _____	
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES		26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE		28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES		32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE		34a. JUDGE CODE	

FILED

DISTRICT COURT OF GUAM  
SEP 12 2006MARY L.M. MORAN  
CLERK OF COURT